NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
www.ncdhhs.gov

NC Medicaid Managed Care

Gold Star Monitoring Process

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Program Integrity
NC DMA

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Accountability Team
NC DMH/DD/SAS

May 1, 2013

References/Authority:

42 CFR 438.240 (Quality Assessment and Performance Improvement)

42 CFR 455 (Program Integrity)

42 CFR 456 (Utilization Control)

42 CFR 456.23 (Post-Payment Review Process)

Session Law 2011-264 (Statewide Expansion of the 1915 (b)(c) Waiver)

Session Law 2009-451 (Streamline paperwork and administrative burden on LMEs and providers)

References/Authority:

NCGS 122-C MH/DD SAS Services

NCGS 108C (Medicaid and Health Choice Provider Requirements)

10A NCAC 27 G

Medicaid Clinical Coverage Policies (8A, 8C, 8D-1, & 8D-2)

Innovations Waiver

Philosophical Framework

- The transition from a fee-for-service reimbursement system to a prepaid capitated payment system carries with it inherent risks and increased accountability by the LME-MCO for quality of care, positive outcomes, and financial viability.
- Public scrutiny and expectations are that the LME-MCO provides high quality, cost-effective care.
- The LME-MCO's approach to monitoring its providers takes on special significance in a managed care environment.

The Goals of Gold Star Monitoring

- To implement an appropriate qualification and evaluation system by which to measure the performance of the providers with which the LME-MCO contracts
- To ensure that all providers in the LME-MCO comply with North Carolina standards and rules, 1915(b)(c) waiver requirements and contract guidelines
- To institute procedures to assure and to recognize quality service provision

-Paraphrase of Cardinal Innovations Performance Profile Review (Gold Star Process) Procedure No. : 5100 Effective Date: August 2011

Advancement of Gold Star Monitoring

- A direct response to key legislative mandates:
  - Session Law 2011-264 (HB 916)
    - Statewide Expansion of the 1915 (b)(c) waiver
    - Replication of the PBH model
  - Session Law 2009-451 (SB 202)
    - Streamline paperwork and administrative burden on LMEs and providers

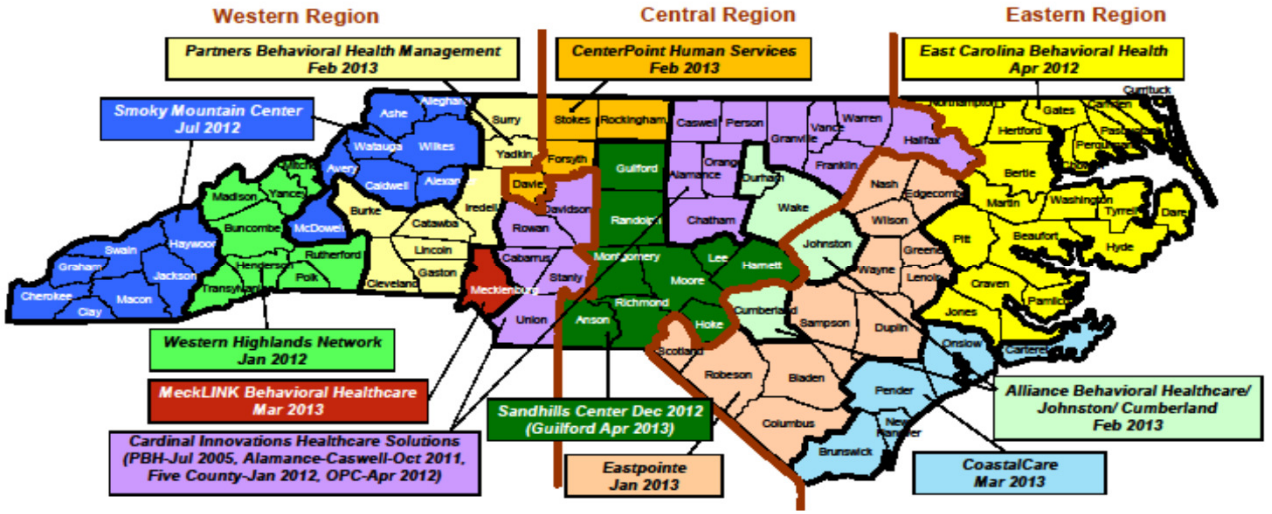
-For information on how these mandates were carried out, see "Statewide Implementation of Gold Star Provider Monitoring"
http://www.ncdhhs.gov/mhddsas/providers/providermonitoring/index.htm

Advancement of Gold Star Monitoring

- 11 Behavioral Health Managed Care Organizations
  - Fully operational
  - Responsible for oversight and monitoring of Provider Networks
- Provider monitoring
  - No new phenomena
  - Different tools

11 LME-MCOs

Local Management Entity - Managed Care Organizations (LME-MCOs) and 1915 b/c Medicaid Waiver Implementation Dates



- *For proposed LME-MCOs that have not yet merged, the lead LME name is shown first.*
- *Dates shown through February 2013 are actual Waiver start dates.*
- *Dates after February 2013 are the planned Waiver start dates.*
- *Reflects plans and accomplishments as of February 21, 2013.*

Advancement of Gold Star Monitoring

- Adopted from Cardinal Innovations Healthcare Solutions formerly known as Piedmont Behavioral Healthcare (PBH).
- Legislation clearly states we will adhere to the PBH model.
- Department has worked with Cardinal Innovations to modify and enhance Gold Star Monitoring for Statewide implementation.

Gold Star Monitoring Process for Providers

Two Types of Contracted Providers

- Provider Agencies
- Licensed Independent Practitioners (LIPs)

Focus of Monitoring Tools

- Regulatory Compliance
- Quality Performance
- Documentation
- Integrity of Billing

The Phases of Gold Star Monitoring

- Request to Enter the Network
- Initial (Implementation) Reviews
- Routine Reviews
- Advanced Placement on the Provider Performance Profile
  - Preferred, Exceptional, Gold Star Status (PEGS)
- Request to Expand the Provider's Service Array

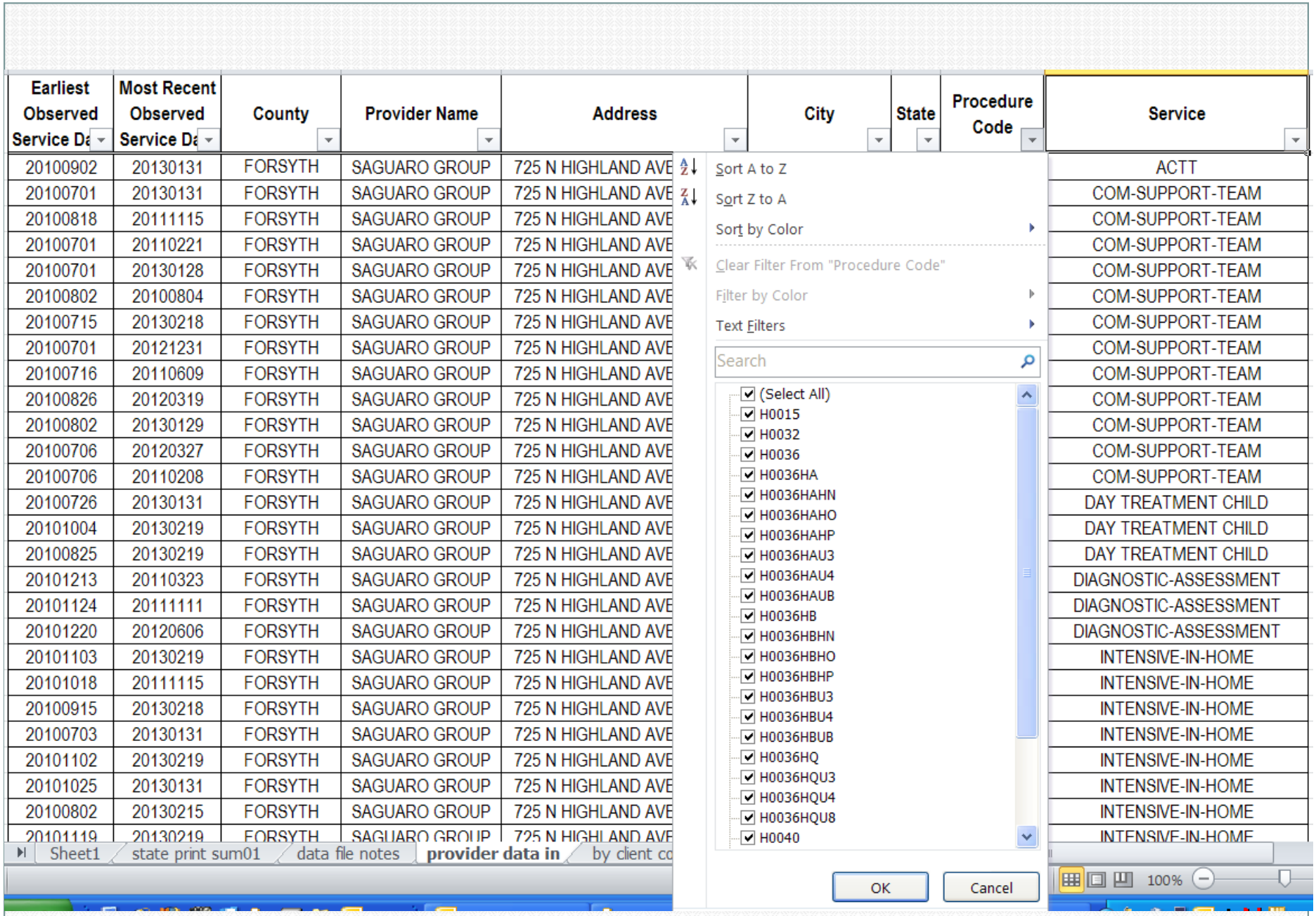
Entry Into the Network

- Provider Agencies
  - Application Policy and Procedure Review Tool
    - Only used for agencies that provide unlicensed services only
    - If the agency provides at least one licensed service, the Application Policy and Procedure Tool is not required
- Licensed Independent Practitioners
  - Office Site Review Tool
  - Mock Record Review

Planning the On-Site Review

Sample Service Array

Earliest Observed Service Date	Most Recent Observed Service Date	County	Provider Name	Address	City	State	Procedure Code	Service
20100902	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H0040	ACTT
20100701	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100818	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100715	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100701	20121231	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2015HT	COM-SUPPORT-TEAM
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20100825	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2012HA	DAY TREATMENT CHILD
20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101124	20111111	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	T1023	DIAGNOSTIC-ASSESSMENT
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE 2ND FL	WINSTON SALEM	NC	H2022	INTENSIVE-IN-HOME



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20100701	20110221	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100701	20130128	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100802	20100804	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
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20100716	20110609	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100826	20120319	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100802	20130129	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100706	20120327	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100706	20110208	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				COM-SUPPORT-TEAM
20100726	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DAY TREATMENT CHILD
20101004	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DAY TREATMENT CHILD
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20101213	20110323	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DIAGNOSTIC-ASSESSMENT
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20101220	20120606	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				DIAGNOSTIC-ASSESSMENT
20101103	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101018	20111115	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100915	20130218	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100703	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101102	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101025	20130131	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20100802	20130215	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME
20101119	20130219	FORSYTH	SAGUARO GROUP	725 N HIGHLAND AVE				INTENSIVE-IN-HOME

Planning the Monitoring Event

- Decide on the regulatory compliance/quality tools and the post-payment review tools to be used during the review based on the range of services the agency/LIP provides.

Example:

H0040	ACTT
H2015HT	Community Support Team
H2012HA	Day Treatment
T1023	Diagnostic Assessment
H2022	Intensive In-Home
H0015	SAIOP
H2017	PSR

Tools in this Workbook

Indicate in Column B the tools that are applicable for this review.

Tools in this Workbook	Applicable (Yes/No)
Rights Notification and Funds Management Review Tool	Yes
Records Review	Yes
Personnel Review	Yes
Medication Review	No
Health, Safety, and Compliance Review	Yes
Health and Safety Review Tool for Unlicensed AFL Facilities	No
Post-Payment Review Tool for Providers (Generic)	No
Post-Payment Review Tool for Innovations Waiver Service Providers	Yes
Post-Payment Review Tool for Providers (Outpatient Opioid Treatment)	No
Post-Payment Review Tool for Providers (Diagnostic Assessment)	No
Post-Payment Review Tool for Providers (Residential Providers Excluding PRTF)	Yes
Post-Payment Review Tool for Providers (Day Treatment)	Yes
Post-Payment Review Tool for Providers (PRTF)	No

DHHS Rights Notification and Funds Management Review Tool Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:
	For All Service Types:	
1.	Agency information is available and includes rules, responsibilities, and penalties for violation. 10A NCAC 27D .0201 (1) (d) In each facility, the information provided to the client or legally responsible person shall include; (1) the rules that the client is expected to follow and possible penalties for violations of the rules.	Review documentation that supports that the individual/LRP has been informed of requirements/rules for receipt of services from the agency and follow up to violations. Information given within 3 visits or 72 hours, if a residential facility.
2.	How to obtain a copy of their treatment plan. 10A NCAC 27D .0201 (d) (3) the procedure for obtaining a copy of the client's treatment/habilitation plan.	Review documentation that supports that the individual/LRP has been informed of the procedure for obtaining a copy of their treatment plan.
3.	The right to, within 30 days of admission to a facility, have an individuaizedl written treatment or habilitation plan implemented by the facility. General Statutes 122C-57. (a) Each client who is admitted to and is receiving services from a facility has the right to receive age-appropriate treatment for mental health, mental retardation, and substance abuse illness or disability. Each client within 30 days of admission to a facility shall have an individual written treatment or habilitation plan implemented by the facility. The client and the client's legally responsible person shall be informed in advance of the potential risks and alleged benefits of the treatment choices.10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem;(2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;(4) a pertinent social, family, and medical history; and(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;(2) strategies;(3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;(5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	Review documentation that supports that the individual has been informed of his or her right to have an individuaized written treatment or habilitation plan implemented by the facility within 30 days.
4.	Right to contact Disability Rights NC. 10A NCAC 27D .0201 (b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD)[sic] Disability Rights North Carolina, the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.	Review documentation that supports that the individual/LRP has been informed of his or her right to contact Disability Rights North Carolina, formerly GACPD.

DHHS Licensed Independent Practitioner Review Tool

Cardinal Innovations Healthcare Solutions

INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
LOCATION:	165 Mickey Lane, Raleigh, NC 22222
NAME OF REVIEWER(S):	Karen Lane and Barbara Best
REVIEW DATE(S):	###
TYPE OF REVIEW:	Preliminary Review

REFERENCE:	ITE	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	SCORE # MET	SCORE % MET	SCORE # NOT MET	SCORE % NOT MET	SCORE # N/A
SECTION ONE - SERVICE RECORD REVIEW ITEMS:																	
		Service record documentation supports the following:															
State Standards & Client Rights	1.	Authorizations to release/disclose/exchange protected health information.	Met	Met	Met	Met							4	100%	0	0%	0
	2.	Accounting of all releases/disclosures of confidential health information.	Not Met	Not Met	Met	Not Met							1	25%	3	75%	0
	3.	Notification of client rights.	Met	Met	Met	Met							4	100%	0	0%	0
	4.	Notification of grievance procedure/process.	Met	Met	Met	Met							4	100%	0	0%	0
		Provider or practitioner can demonstrate evidence of the following treatment record standards:															
Compliance with Record Standards	5.	Treatment record content.	Met	Met	Met	Met							4	100%	0	0%	0
	6.	Treatment record organization.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	7.	Ease of retrieving treatment records.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
		Treatment records include an admission assessment and screening that documents:															
Treatment Records & Documentation Standards	8.	Reason for admission, presenting problem.	Met	Met	Met	Met							4	100%	0	0%	0
	9.	Mental status exam.	Not Met	Not Met	Met	Not Met							1	25%	3	75%	0
	10.	Psychiatric history.	Met	Met	Met	Met							4	100%	0	0%	0
	11.	Special status situations and suicide risk.	Met	Met	Met	Met							4	100%	0	0%	0
	12.	Medical history.	Not Met	Met	Met	Met							3	75%	1	25%	0
	13.	Developmental/education history for minor.	N/A	N/A	N/A	N/A							0	0%	0	0%	4
	14.	Medications.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	15.	Allergies and adverse reactions.	Not Met	Met	Met	Met							3	75%	1	25%	0
	16.	Preventive services/risk screening.	Not Met	Not Met	Not Met	Not Met							0	0%	4	100%	0
	17.	Documentation of clinical findings and evaluation of each visit.	Met	Met	Met	Met							4	100%	0	0%	0
	18.	The results of the comprehensive clinical assessment [CCA] support the level of care [CALOCUS/CSAII, LOCUS, ASAM] for the treatment service	Met	Met	Met	Met							4	100%	0	0%	0
	19.	The individual's needs identified in the CCA meet the entrance criteria for outpatient treatment services as outlined in Section 3.2.1 in Clinical	Met	Met	Met	Met							4	100%	0	0%	0
	20.	At least one of the expected clinical outcomes outlined in Section 7.5 of CCP 8C is reflected in the individualized goals of the service plan.	Not Met	Met	Met	Not Met							2	50%	2	50%	0
	21.	There is documentation that coordination of care is occurring with both medical and non-medical providers involved with the individual receiving	Met	Not Met	Not Met	Met							2	50%	2	50%	0
SECTION TWO - CULTURAL COMPETENCY PLAN:																	
	22	Practitioner has developed and implemented a cultural competency plan.	Met	Met	Met	Met							4	100%	0	0%	0
		REVIEWER'S INITIALS:	KL	BB	KL	BB							-	-	-	-	-
		Total Met:	12	14	16	14	0	0	0	0	0	0					
		% Met:	57%	67%	76%	67%	0%	0%	0%	0%	0%	0%					
		Total Not Met:	9	7	5	7	0	0	0	0	0	0					
		% Not Met:	43%	33%	24%	33%	0%	0%	0%	0%	0%	0%					
		Total N/A	1	1	1	1	0	0	0	0	0	0					

COMMENTS:

Item # 6: Records provided for review were disorganized; notes were not organized by dates; provider had difficulty locating documents upon request. Item #9: Assessment template format includes Mental Status Exam, however this portion was not completed for records 1, 2 and 4. Item #14: Provider indicated that assessment form was recently revised, and "medications" were deleted in error.

Implementation Review

- Initial Monitoring
- Occurs 90 days after the first reimbursement has been made on claims submitted by the provider
- Sample Size = 10
- Successful completion of review - Provisional Status

Routine Review

- Occurs annually
- Sample Size = 30
- Successful completion of review
  - Provider Agencies - Routine Status
  - LIPs – Preliminary Status

Routine Review

- Occurs annually
- Sample Size = 30
- Successful completion of review
  - Provider Agencies - Routine Status
  - LIPs – Preliminary Status

MonitoringTools for Initial/Routine Reviews

Provider Agencies

- Rights Notification and Funds Management
- Record Review
- Personnel Review
- Medication Review
- Health, Safety and Compliance Review
- AFL Health & Safety Review
- Cultural Competency Review (after 1st year in network)
- Post-Payment Review

Placement on the Provider Profile

- Gold Star monitoring results in providers being placed on a profile:
  - Provider Agencies
    - Provisional
    - Routine
    - Preferred
    - Exceptional
    - Gold Star
  - Licensed Independent Practitioners
    - Preliminary
    - Preferred

Advanced Placement on the Provider Profile

Provider Agencies

- Voluntary
- Tenure in public MH/DD/SA system
- Demonstrated evidence of continuous quality assurance/performance improvement
- Self-assessment = application
- Desk review
- On-site verification
  - Includes Post-Payment Review

Monitoring Tools for Advanced Placement

Provider Agencies

- Application Process
  - Preferred, Exceptional or Gold Star Review
  - Cultural Competency Review
  - Post-Payment Review
- Routine Monitoring
  - Domain Review Tool
  - Post-Payment Review

Advanced Placement on the Profile

Licensed Independent Practitioners

- On-site review required before enrollment in network
- Mock record review
- Post-payment review
- Initial Review – Preliminary Status
- Advanced Placement – Preferred Status
  - Based on compliance score

Monitoring Tools for Initial/Routine Review

Licensed Independent Practitioner

- Office Site Review
- Mock Record Review
- LIP Record Review
- LIP Service Plan Review

Request to Expand Array of Services

Provider Agencies

- Additional Services Review
- Post-Payment Review

Non-Contract Provider

- SB 163 local monitoring
- Conversion from on-site to desk review being studied

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Health, Safety, and Compliance Review

	# Scorable Items	# N/A	# Met	# Not Met	% Met
1 Medical preparedness plan to be utilized in a medical emergency.	0	0	0	0	0%
2 Written fire plan for the facility.	0	0	0	0	0%
3 Fire plan and disaster plans are available to staff.	0	0	0	0	0%
4 Fire and disaster drills completed quarterly.	0	0	0	0	0%
5 Fire and disaster drills are conducted under conditions that simulate real emergencies.	0	0	0	0	0%
6 First aid supplies are available and accessible for use.	0	0	0	0	0%
7 Evidence that meals/food/water are available/provided based on staff and/or report of individuals served and visual confirmation.	0	0	0	0	0%
8 Transportation including accessibility of emergency info for an individual. Vehicle has equipment to meet physical needs.	0	0	0	0	0%
9 Facility/grounds are safe, clean and free from offensive odors/insects/rodents.	0	0	0	0	0%
10 All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.	0	0	0	0	0%
11 Accommodations for staff/guests are separate from bedrooms of individuals receiving services.	0	0	0	0	0%
12 Emergency info/first aid/CPR/poison control protocol or numbers are posted or easily accessible for staff and individuals to utilize.	0	0	0	0	0%
13 Carbon monoxide [CO] monitor is utilized in the facility if appropriate.	0	0	0	0	0%
14 All incidents are reported and submitted within state timeframes, follow-up is conducted, and recommendations are implemented.	0	0	0	0	0%
15 Level I Quarterly reports are submitted within state timeframes and no POC required.	0	0	0	0	0%
16 Provider identifies patterns and trends on the utilization of restrictive intervention.	0	0	0	0	0%
17 Provider has developed and implemented policies and procedures for receiving and handling complaints.	0	0	0	0	0%
18 The provider is responsive to complaints it receives per policy and procedure time lines.	0	0	0	0	0%
TOTAL	**0**	**0**	**0**	**0**	**0%**

Overall Summary of Results

DHHS Provider Review Overall Summary of Results

Cardinal Innovations Healthcare Solutions

PROVIDER NAME:	Right Way, Inc.	MHL #:	ML552185
FACILITY NAME:	Russell Home; Jones Place; Story Road	TYPE OF REVIEW:	Routine
LOCATION:	52266 Lake Road, Center NC 23555	REVIEW DATE(S):	2/8/2013
NPI # / PROVIDER #:	552266221 / 155454	NAME OF REVIEWER(S):	Barbara Best and Susie Smith

Provider Review Overall Results

	# Scorable Records / Items	# N/A	# Met	# Not Met	% Met
Summary Results For All Items Reviewed (Other Than Post-Payment Reviews)	100	2	89	11	89.0%
Summary Results For All Post-Payment Review Items	175	2	163	12	93.1%
Summary Results For All Items Reviewed	275	4	252	23	91.6%

PROVIDER MET THE 85% THRESHOLD

Note:

Scorable records or items do not include those determined to be N/A.

Scorable records or items Met and Overall Results that Met the 85% Threshold are shaded green.

Scorable records or items Not Met and Overall Results that Did Not Meet the 85% Threshold are shaded pink.

Items scored as Not Met require corrective action.

Post-Payment Reviews:

- Post-Payment Reviews (PPR) are used to assure that payments are made for services delivered to beneficiaries. Any overpayments identified by this review are required to be recouped or collected.

- PPR involve examination of claims, payment data, medical record documentation, financial records, administrative research, application of Medicaid coverage policies, and any additional information to support provider's operations and processes. Post-payment reviews may be conducted via on-site visit or desk review.

- PPR are about monitoring the providers to make sure they are in compliance with clinical coverage policies, state, and federal rules and regulations

Post-Payment Reviews:

- PPR assure that providers are paid appropriately and are in compliance with Medicaid clinical coverage policies according to State Plan, Waiver, and Prepaid Inpatient Health Plan.

- PPR tools shall be used when LME-MCO conduct special audits or investigations related to program integrity activities in accordance with DHHS/ LME-MCO Contract, 42 CFR 438.608, 42 CFR 455.14, and 42 CFR 456.23.

Post-Payment Reviews:

- PPR assure that providers are paid appropriately and are in compliance with Medicaid clinical coverage policies according to State Plan, Waiver, and Prepaid Inpatient Health Plan.

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Post-Payment Review Tools

- Child and Adolescent Day Treatment
- Diagnostic Assessment
- Generic
- Innovations
- LIP
- Outpatient Opioid Treatment
- PRTF
- Residential Services

Post-Payment Review Worksheets

- Staff Qualifications
- Staffing ratios

*optional

Generic PPR Tool

- Ambulatory Detoxification
- Assertive Community Treatment Team
- Community Support Team
- Intensive In-Home Services

Generic PPR Tool

- Medically Supervised or ADATC Detoxification/Crisis Stabilization
- Mobile Crisis Management
- Multisystemic Therapy (MST)
- Non-Hospital Medical Detoxification

Generic PPR Tool

- Partial Hospitalization
- Peer Support Services
- Professional Treatment Services in Facility-Based Crisis Program
- Psychosocial Rehabilitation

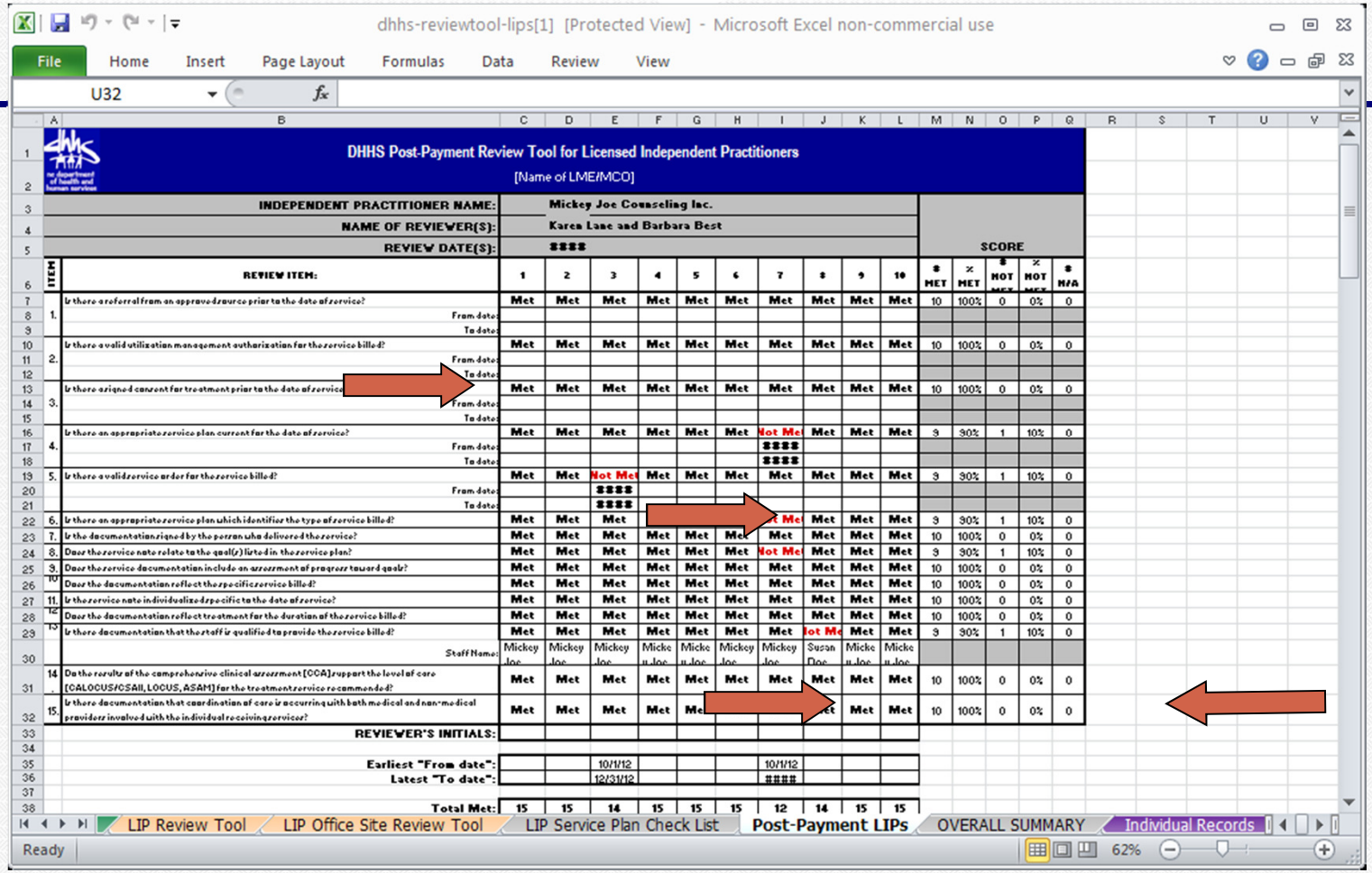
Generic PPR Tool

- Substance Abuse Comprehensive Outpatient Treatment Program
- Substance Abuse Intensive Outpatient Program
- Substance Abuse Non-Medical Community Residential Program
- Substance Abuse Medically Monitored Community Residential Program

LIP PPR

- Tool
- Guidelines
- Citations
- PPR Action

LIP PPR Tool



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U32

DHHS Post-Payment Review Tool for Licensed Independent Practitioners

[Name of LME/MCO]

INDEPENDENT PRACTITIONER NAME:	Mickey Joe Counseling Inc.
NAME OF REVIEWER(S):	Karen Lane and Barbara Best
REVIEW DATE(S):	####

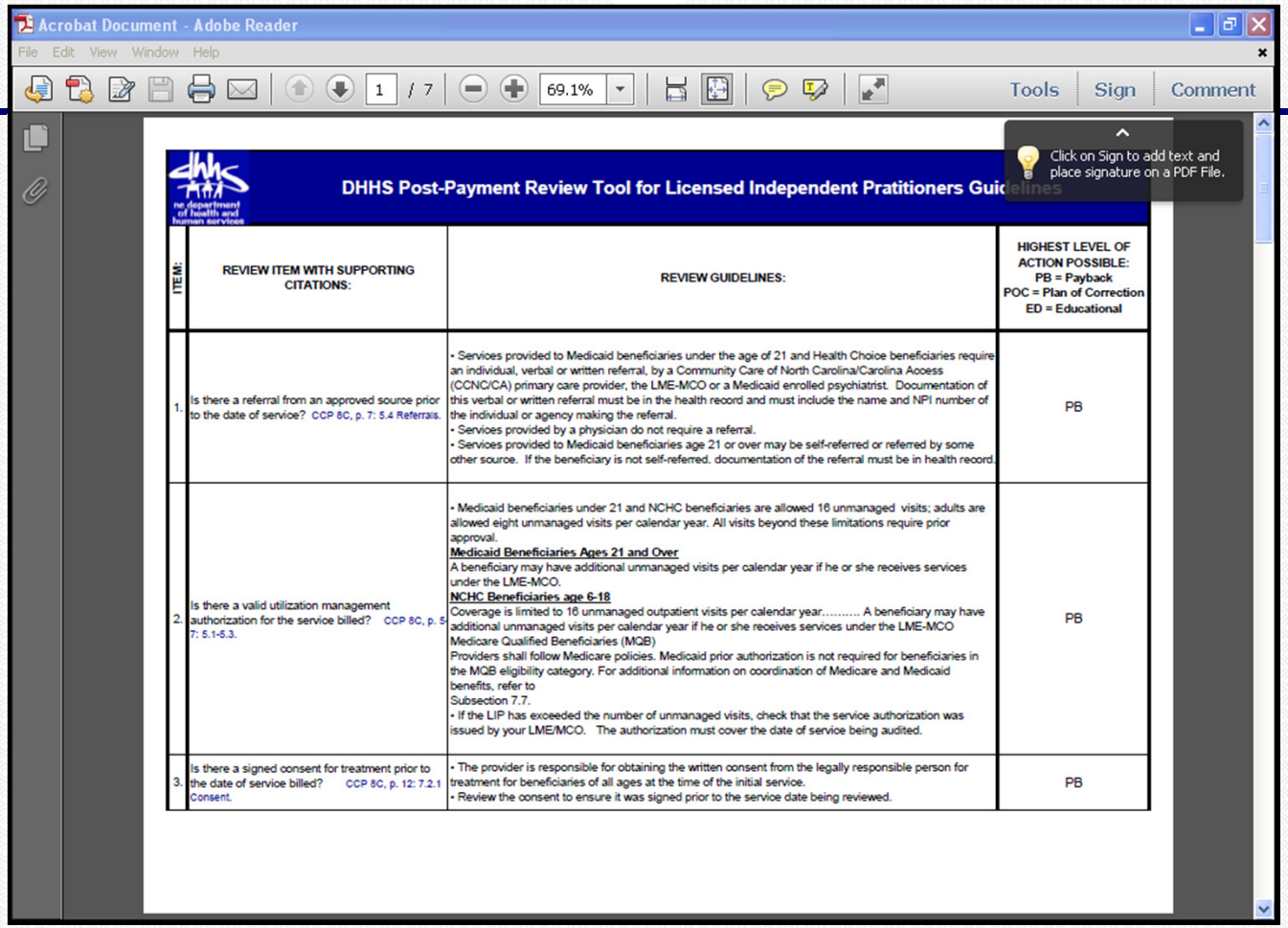
ITEM	REVIEW ITEM:	1	2	3	4	5	6	7	8	9	10	SCORE # MET	% MET	# NOT MET	% NOT MET	# N/A
1.	Is there a referral from an approved source prior to the date of service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
	From date:															
	To date:															
2.	Is there a valid utilization management authorization for the service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
	From date:															
	To date:															
3.	Is there a signed consent for treatment prior to the date of service	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
	From date:															
	To date:															
4.	Is there an appropriate service plan current for the date of service?	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	Met	9	90%	1	10%	0
	From date:							####								
	To date:							####								
5.	Is there a valid service order for the service billed?	Met	Met	Not Met	Met	Met	Met	Met	Met	Met	Met	9	90%	1	10%	0
	From date:			####												
	To date:			####												
6.	Is there an appropriate service plan which identifies the type of service billed?	Met	Met	Met				Not Met	Met	Met	Met	9	90%	1	10%	0
7.	Is the documentation signed by the person who delivered the service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
8.	Does the service note relate to the goal(s) listed in the service plan?	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	Met	9	90%	1	10%	0
9.	Does the service documentation include an assessment of progress toward goals?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
10	Does the documentation reflect the specific service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
11.	Is the service note individualized & specific to the date of service?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
12	Does the documentation reflect treatment for the duration of the service billed?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
13	Is there documentation that the staff is qualified to provide the service billed?	Met	Met	Met	Met	Met	Met	Met	Not Met	Met	Met	9	90%	1	10%	0
	Staff Name:	Mickey Joe	Mickey Joe	Mickey Joe	Mickey Joe	Mickey Joe	Mickey Joe	Mickey Joe	Susan Doe	Mickey Joe	Mickey Joe					
14.	Do the results of the comprehensive clinical assessment (CCA) support the level of care (CALOCUS/CSAII, LOCUS, ASAM) for the treatment service recommended?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
15.	Is there documentation that coordination of care is occurring with both medical and non-medical providers involved with the individual receiving services?	Met	Met	Met	Met	Met	Met	Met	Met	Met	Met	10	100%	0	0%	0
	REVIEWER'S INITIALS:															
	Earliest "From date":			10/1/12				10/1/12								
	Latest "To date":			12/31/12				####								
	Total Met:	15	15	14	15	15	15	12	14	15	15					

LIP Review Tool | LIP Office Site Review Tool | LIP Service Plan Check List | Post-Payment LIPs | OVERALL SUMMARY | Individual Records

Ready 62%

LIP PPR Guidelines, Citations, & Action

45



ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
1.	Is there a referral from an approved source prior to the date of service? CCP 8C, p. 7: 5.4 Referrals.	• Services provided to Medicaid beneficiaries under the age of 21 and Health Choice beneficiaries require an individual, verbal or written referral, by a Community Care of North Carolina/Carolina Access (CCNC/CA) primary care provider, the LME-MCO or a Medicaid enrolled psychiatrist. Documentation of this verbal or written referral must be in the health record and must include the name and NPI number of the individual or agency making the referral. • Services provided by a physician do not require a referral. • Services provided to Medicaid beneficiaries age 21 or over may be self-referred or referred by some other source. If the beneficiary is not self-referred, documentation of the referral must be in health record.	PB
2.	Is there a valid utilization management authorization for the service billed? CCP 8C, p. 5-7: 5.1-5.3.	• Medicaid beneficiaries under 21 and NCHC beneficiaries are allowed 16 unmanaged visits; adults are allowed eight unmanaged visits per calendar year. All visits beyond these limitations require prior approval. **Medicaid Beneficiaries Ages 21 and Over** A beneficiary may have additional unmanaged visits per calendar year if he or she receives services under the LME-MCO. **NCHC Beneficiaries age 6-18** Coverage is limited to 16 unmanaged outpatient visits per calendar year..... A beneficiary may have additional unmanaged visits per calendar year if he or she receives services under the LME-MCO Medicare Qualified Beneficiaries (MQB) Providers shall follow Medicare policies. Medicaid prior authorization is not required for beneficiaries in the MQB eligibility category. For additional information on coordination of Medicare and Medicaid benefits, refer to Subsection 7.7. • If the LIP has exceeded the number of unmanaged visits, check that the service authorization was issued by your LME/MCO. The authorization must cover the date of service being audited.	PB
3.	Is there a signed consent for treatment prior to the date of service billed? CCP 8C, p. 12: 7.2.1 Consent.	• The provider is responsible for obtaining the written consent from the legally responsible person for treatment for beneficiaries of all ages at the time of the initial service. • Review the consent to ensure it was signed prior to the service date being reviewed.	PB

Generic PPR Tool

- Tool
- Guidelines
- Citations
- PPR Action

Generic PPR Tool

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Reply with Changes... End Review...

B2

DHHS Post-Payment Review Tool for Providers (Generic)

Alliance Behavioral Healthcare

PROVIDER NAME:	ABC Provider
FACILITY NAME:	XYZ Group Home
NAME OF REVIEWER(S):	Reviewer1, Reviewer2
REVIEW DATE(S):	1/1/2012 to 4/1/2012

ITE	REVIEW ITEM:	1	2	3	4	5	6	30	SCORE # MET	% MET	# NOT MET	% NOT MET	# N/A
	Is there a valid utilization management authorization for the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
1.	From date:	10/1/11	8/9/11	4/1/11	8/9/11								
	To date:	10/1/12	8/9/12	4/1/12	8/9/12								
	Is there a valid service order for the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
2.	From date:	1/1/11	5/1/11	4/1/11	5/1/11								
	To date:	1/1/12	5/1/12	4/1/12	5/1/12								
	Is there an appropriate service plan current for the date of service?	Not Met	Met	Met	Met				3	75%	1	25%	0
3.	From date:	1/1/11	5/1/11	4/1/11	5/1/11								
	To date:	1/1/12	5/1/12	4/1/12	5/1/12								
4.	Is there an appropriate service plan which identifies the type of service billed?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
5.	Is the PCP individualized for the person receiving the service?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
6.	Does the crisis plan include the required elements?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
7.	Is the documentation signed by the person who delivered the service?	Met	Met	Met	Met				4	100%	0	0%	0
8.	Does the service note or grid relate to the goal(s) listed in the service plan?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
9.	Does the documentation indicate that the requirements of the service definition/rule were met?	Met	Met	Met	Met				4	100%	0	0%	0
10.	Does the documentation reflect treatment for the duration of the service billed?	Met	Met	Met	Met				4	100%	0	0%	0
11.	Does the documentation include an assessment of progress toward goals?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
12.	Is the service note individualized specific to the date of service?	Met	Met	Met	Met				4	100%	0	0%	0
13.	Do the units billed correspond to the duration documented on the service note?	Met	Met	Met	Met				4	100%	0	0%	0
14.	Is there documentation that the staff is qualified to provide the service billed?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
	Staff name:	Jane	John	Sue	Sam				0	0%	0	0%	0
15.	Is there an individualized supervision plan in place for paraprofessional and/or associate professional staff?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
16.	Is the staff supervision plan implemented as written?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
17.	Was there a Health Care Registry check completed for the staff prior to this event's date of service [unlicensed employees only]?	Not Met	Not Met	Met	Met				2	50%	2	50%	0
18.	Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service? [for unlicensed services and staff hired to provide licensed services prior	Not Met	Met	Met	Met				3	75%	1	25%	0
19.	Was the appropriate criminal record check completed prior to this date	Not Met	Not Met	Met	Met				2	50%	2	50%	0

Medication Review Tool | Medication Review | Health, Safety, Compliance Tool | AFL Health & Safety Review | Post-Payment Generic Tool | Staff C

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Generic PPR Tool

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Reply with Changes... End Review...

B2

DHHS Post-Payment Review Tool for Providers (Generic)

Alliance Behavioral Healthcare

PROVIDER NAME:	ABC Provider
FACILITY NAME:	XYZ Group Home
NAME OF REVIEWER(S):	Reviewer1, Reviewer2
REVIEW DATE(S):	1/1/2012 to 4/1/2012

ITE	REVIEW ITEM:	1	2	3	4	5	6	30	SCORE # MET	% MET	# NOT MET	% NOT MET	# N/A
	REVIEWER'S INITIALS:	CJ	PJ	PJ	SP				-	-	-	-	-
	Earliest "From date":	1/1/11	5/1/11	4/1/11	5/1/11								
	Latest "To date":	10/1/12	8/9/12	4/1/12	8/9/12								
	Total Met:	7	9	19	19	0	0	0					
	% Met:	37%	47%	100%	100%	0%	0%	0%					
	Total Not Met:	12	10	0	0	0	0	0					
	% Not Met:	63%	53%	0%	0%	0%	0%	0%					
	Total N/A	0	0	0	0	0	0	0					

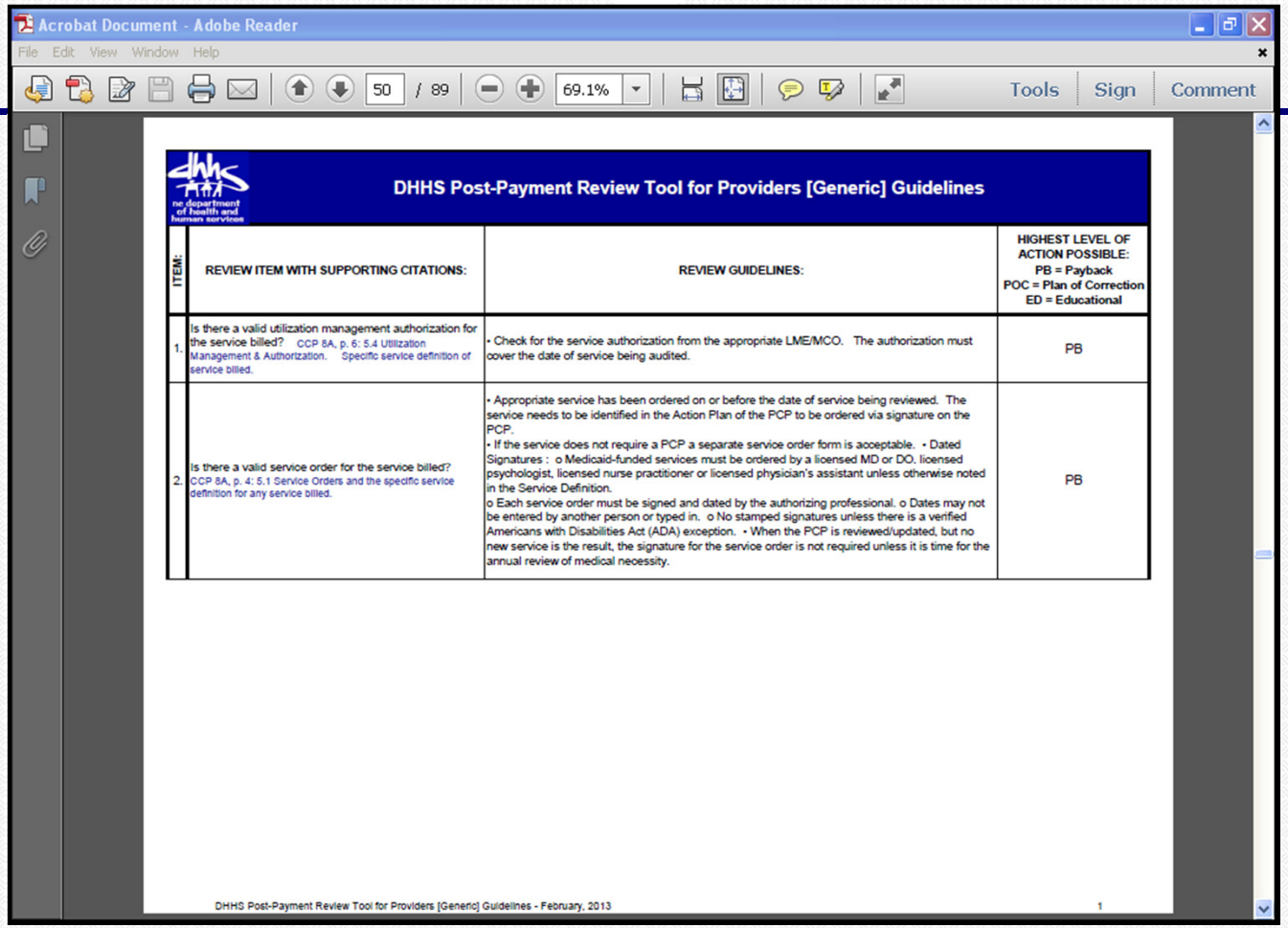
COMMENTS: [For Record #1-10]

Record 1, item# 3-6: PCP expired. A copy of the expired PCP scanned to file. No other PCP in beneficiary's Record/chart Record.

Medication Review Tool | Medication Review | Health, Safety, Compliance Tool | AFL Health & Safety Review | Post-Payment Generic Tool | Staff C

Draw AutoShapes

Generic PPR Guidelines, Citations, and Action



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ne department of health and human services

DHHS Post-Payment Review Tool for Providers [Generic] Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
1.	Is there a valid utilization management authorization for the service billed? CCP 8A, p. 6: 5.4 Utilization Management & Authorization. Specific service definition of service billed.	• Check for the service authorization from the appropriate LME/MCO. The authorization must cover the date of service being audited.	PB
2.	Is there a valid service order for the service billed? CCP 8A, p. 4: 5.1 Service Orders and the specific service definition for any service billed.	• Appropriate service has been ordered on or before the date of service being reviewed. The service needs to be identified in the Action Plan of the PCP to be ordered via signature on the PCP. • If the service does not require a PCP a separate service order form is acceptable. • Dated Signatures : o Medicaid-funded services must be ordered by a licensed MD or DO, licensed psychologist, licensed nurse practitioner or licensed physician's assistant unless otherwise noted in the Service Definition. o Each service order must be signed and dated by the authorizing professional. o Dates may not be entered by another person or typed in. o No stamped signatures unless there is a verified Americans with Disabilities Act (ADA) exception. • When the PCP is reviewed/updated, but no new service is the result, the signature for the service order is not required unless it is time for the annual review of medical neoessity.	PB

DHHS Post-Payment Review Tool for Providers [Generic] Guidelines - February, 2013 1

Generic PPR Guidelines, Citations, and Action

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DHHS Post-Payment Review Tool for Providers [Generic] Guidelines

ITEM:	REVIEW ITEM WITH SUPPORTING CITATIONS:	REVIEW GUIDELINES:	HIGHEST LEVEL OF ACTION POSSIBLE: PB = Payback POC = Plan of Correction ED = Educational
3.	Is there an appropriate service plan current for the date of service? CCP 8A, p. 7: 5.5.2 PCP Reviews.	• An appropriate service plan means the format required by service definition is used. Most but not all enhanced services per Medicaid Clinical Coverage Policy 8A require a Person Centered Plan. Review the service definition for specific plan requirements. • The individualized PCP/Service Plan shall begin at admission and shall be rewritten annually and/or updated/revised: o If the needs of the person have changed i.e. an existing service is being reduced or terminated o On or before assigned target dates expire o For the addition of a new service o When a provider changes • Note the provider name on face sheet, on crisis plan and in Action Plan (if there). • If the current provider is not reflected, it may be that the PCP/Service Plan was not updated when the provider changed. • For PSR, the PCP must be reviewed every 6 months. o Determine whether the service date being reviewed occurs prior to or after the 6 month review date. For example, PCP dated 2/15/13, 6 month review is due no later than 8/15/13. o If the service date being reviewed falls after the 6 month review date, review documentation of the review and determine appropriate signature were obtained. • Target dates may not exceed 12 months. • Signatures & Dates o Signatures are obtained for each required/completed review, even if no change occurred. o Signature verifying medical necessity (a service order) is required only if a new service is added unless it is the annual review of medical necessity. o Author of the PCP and the legally responsible person (lrp) have signed the PCP • If the legally responsible person did not sign the PCP until after the service date, there must be documented explanation and evidence of ongoing attempts to obtain the signature. o For audit purposes, signatures must be dated on or before the date of service, but never before the Date of Plan. • Documentation of the legally responsible person, if not the parent of a minor, needs to be reviewed: o Court ordered guardianship or court-appointed custody to DSS. o If a minor is cared for by someone other than a parent, and evidence of that caretaker having the intention for long-term care is present, that may be accepted as "in loco parentis" in lieu of legal guardianship.	PB
4.	Does the PCP identify the specific service billed? 8A, pgs 6-7: 5.5. RM&DM. PCP Manual.	• In a PCP, service must be identified in the plan for there to be a valid service order. This would be found met or not met in Q2. • Service plan must indicate the specific service that was billed.	POC

QUESTIONS or COMMENTS

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Please send any questions or comments about the Gold Star Provider Monitoring Tools or process to the following mailbox:
gold.star.provider.monitoring@dhhs.nc.gov
or to
provider.monitoring@dhhs.nc.gov

Next Steps

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